

Mississippi Application for Automatic Six-Month Extension for Corporate Income and Franchise Tax Return



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An automatic 6-month extension of time will be allowed if Form 83-180 is properly filed by the due date with all required taxes remitted. Additional extensions of time beyond the 6-month automatic extension will not be granted. The State Tax Commission will not return a confirmation.

Madica AJ							
Mailing Address							
City			State	ZIP + 4	Telephone (e)	
1. If this tax year is fo	or less than 12 months, enter dat	te tax year begins		and ends			:
Check reason:	Initial Return Final Return	Change in Accour	nting Period	Other			
Question 2 is to be co he reporting corporat	ompleted by a corporation not inc tion in a combined or consolidate	cluded in a combined or consoled return.	idated return,	or Round Al	Amounts to	o Nearest Dolla	ar
	nent by Reporting Corporation.			:i			
FEIN, and amount of	completed if you are making a fra payment. <u>Each line entry constit</u> orporation. Negative amounts are	tutes a separate payment by th	of one or more e identified co	e members in your gro orporation. A payment t	up. You mus by one corpor	t provide the na ration <u>cannot</u> be	ime e
	Members of an Affiliated F	Federal Employer Identification	Number	Amo	ount of Paym	ent	
3.	>			>			
i.				>			
5.	>			▶			
S.				>			
7.							
3.				>			
).	>						
10.	▶ :						
11. Total of amounts entered on lines 3 through 10.							
12. Total of all amo	unts from Additional Schedule or	n Page 2 and any Form(s) 83-	81.				
13. Total Payment with this Extension. Add Lines 2, 11, and 12 and enter total.							
such corporation. Speciforovided, 2) a payment I b) a separate check/remne, and 4) a separate c	n "doing Business" in Mississippi mustically identified payments include 1) a line entry as indicated on lines three (ittance payment attached to the corporate the ck/remittance payment attached to bout the filing of returns, please see o	a separate check/remittance payme (3) through ten (10) of this page, or oration's return (not its parent or ot o a notice of deficiency or other noti our web site: www.mstc.state.ms.us	ent attached to F lines provided oner related mem ce requesting pa	Form 83-300 with the corp on page 2 of this form, or nber) and identified on the	oration's name on lines provid "amount paid oorate Tax Div	and FEIN ed on Form 83-18 with this return" ision. For	31,
	P.O. Box 23050 Jackson, MS 39225-3050	true, correct, and cor	correct, and complete return.				
		-	Sig	gnature of Officer or Agent			_
			Title			Date	_



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tion		

Additional Schedule of Other Members						
Enter names of other members of an affiliated group below	Contact the State Tax					

FEIN of the Reporting Corporation Commission for Form 83-181 if additional space is needed. Name of Other Members of an Affiliated Group Federal Employer Identification Number Amount of Payment

· · · · · ·	(Minimum \$25.00 Per Corporation)
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Subtotal (Include this amount in the Total on Line 12, Page 1.)